## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/598900

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

$\mathbf{CL}$			

	AS FILED		AFTER 1"AMENDMENT		AFTER  2 MAMENDMENT				AS F	ILED	AFTER 1*AMENDMENT			FER ndment
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